| AMENDMENT TRANSMITTAL LETTER | | | | | Docket No. 594728821US |
|--|---|---|-----------------------------------|--|----------------------------------|
| Application | n No. | Filing Date | | Examiner | Art Un |
| 10/045,601-Conf. #8571 | | November 7, 2001 | | M. Chery | 2188 |
| plicant(s): Lee | et al. | | | | |
| ention: MULTI | SECTION MEN | MORY BANK S | SYSTEM | | |
| | TC | THE COMMI | SSIONER FO | OR PATENTS | |
| ransmitted here | with is an ame | ndment in the | above-identif | ied application. | |
| he fee has bee | n calculated an | d is transmitted | d as shown b | elow. | |
| | | | S AS AMENI | DED | |
| | Claims Remaining After Amendment | Highest Number Previously Pald | Number Extra Claims Present | Rate | |
| Total Claims | 22 | - 22 = | | x | |
| Independent Claims | 4 | - 4 = | | x | |
| Other fee (please specify): Extension for response within third month | | | | | 1,020.00 |
| TOTAL ADDIT | | OR THIS AME | NDMENT: | | 1,020.00 |
| ¬ | | | | Small Entity | |
| x Large Entity | | d for this amor | ndment. | | |
| ≓ ' ' | al fee is require | | | | |
| No additiona | ge E FT Accour | nt No. SE | EA1PIRM_ i | n the amount of \$ _ | |
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| No additiona X Please char A check in t | ge E FT Accour | nt No. SE | EA1PIRM in to cover | _ | |
| No additiona X Please char A check in t Payment by | ge EFT Accour he amount of \$ credit card. Fo | nt No. SE | to cover is attached. | _ | losed. |
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| No addition: x Please char A check in t Payment by The Directo as describe | ge EFT Account of \$ credit card. For is hereby auth | orm PTO-2038 | to cover is attached. | the filing fee is encl | losed. |
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| No addition: X Please char A check in t Payment by X The Director as describer X Credit a X Charge | ge EFT Account he amount of \$ credit card. For is hereby authal below. ny overpaymer any additional file of the country and the count | orm PTO-2038 norized to chan nt. ing or application | EA1PIRM in to cover is attached. | the filing fee is encl Deposit Account No | o50-0665 37 CFR 1.16 and 1.17 |
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| No addition: X Please char A check in t Payment by The Director as describer X Credit a X Charge Stephen Bishd Attorney/Agent | ge EFT Accour he amount of \$ credit card. For r is hereby auth d below. ny overpaymer any additional fill / p Reg. No.: 38, E LLP Drive | nt No. SE orm PTO-2038 norized to chan nt. ing or application | EA1PIRM in to cover is attached. | the filing fee is encl Deposit Account No | o50-0665 37 CFR 1.16 and 1.17 |